Indiana First Steps

Eligibility Determination Team Manual

This manual is intended to document information and procedures to persons working on an Eligibility Determination (ED) Team. This manual is to be utilized in conjunction with training. The procedures and requirements in this manual are not intended to override or be in conflict with any federal or state law, regulation or policy.

-

Table of Contents **Page**

Updated through collaboration by:
Steve Viehweg, First Steps Provider, MSW
Janet Ballard, First Steps Program Consultant,
Dawn Downer, First Steps Part C Coordinator

-

Intent of Eligibility Determination Teams

In order to maximize limited resources in the First Steps system, it is imperative that procedures be in place to support the intent of the early intervention system while building in safeguards to promote quality and fiscal responsibility. While no single individual or team can ensure quality on its own, it is felt that the use of Eligibility Determination teams (ED Teams) provide a good foundation in promoting both quality and fiscal accountability while maintaining a family centered system of early intervention.

When services are recommended based on the input of individual providers rather than through a team process, there tends to be an increase in the misinterpretation of the First Steps system's policies and procedures. In addition, the determination of eligibility has not been conducted uniformly across the state and the use of informed clinical opinion is at times inappropriately applied[1].

By involving the ED Team throughout the child's enrollment in early intervention, a level of consistency in the manner in which decisions are made can be achieved.

The ED team involvement does not negate the ongoing provider's responsibility to develop short-term goals and a clinical plan based on the outcomes in the Individualized Family Service Plan (IFSP) for the child and family or to raise recommendations in the delivery of service.

Part C, IDEA clearly states that the determination of eligibility must be made by a multidisciplinary team that includes the family, service coordinator and persons involved in the evaluation. If a child is eligible to participate in the First Steps early intervention system, the IFSP must include the family, Service Coordinator, and others appropriate to the team (both from First Steps and the community).

The concept of ED Teams is designed to enhance the process by ensuring that a multidisciplinary team is utilized during the determination of eligibility and IFSP process. ED Teams are responsible to collaborate with the Service Coordinator responsible for intake throughout the determination of eligibility and the development of the initial IFSP. ED Teams collaborate with ongoing Service Coordinators in monitoring the implementation of the IFSP including involvement in any proposed changes to the IFSP.

Annually the ED Team participates in the determination of continued eligibility and, if eligible, the development of the new IFSP. ED Teams also act as a resource to providers, Service Coordinators, the SPOE and the community to bring consistency and improved quality to the First Steps system.

[1] 470IAC 3.1-7-1 Developmental Delay (c) If, because of a child's age or the kind of standardized instruments available in specific domains, a standardize score is not appropriate or cannot be determined, a child may be determined to have a developmental delay by the informed clinical opinion of a multidisciplinary team, which includes the parent and documentation form the primary health care provider. (d) When relying on informed clinical opinion, developmental delay may be determined by a consensus of a multidisciplinary team, including the parent as a member using multiple sources of information including, at a minimum, the following (1) A developmental history as currently reported by the parent or primary caregiver (2) A review of pertinent records related to the child's current health status and medical history. Consideration may be given for: (A) functional status; (B) recent rate of change (C) prognosis for change in the near future based on anticipated medical or health factors. (3) At least one (1) other assessment procedure to document delayed development or documentation of delayed development by use of nonstandardized assessment devices, such as developmental checklists.

-

GOALS in the implementation of ED teams:

A multidisciplinary approach to eligibility, evaluation and assessment and the IFSP development based on the input of the family and team that employs best practice.

- ●To provide a complete picture of the child's developmental status across five domains, including strengths of the child and the priorities of the family. The state approved tool is the Assessment, Evaluation, and Programming System (AEPS),
- ●To determine eligibility for First Steps via a multidisciplinary team, as defined by State policy,
- ●To collect existing information about the child and family, conduct assessment activities necessary to plan for and develop the initial IFSP,
- ●To develop the initial IFSP by a multidisciplinary team in accordance with state and federal regulations employing best practices,
- ●To implement the IFSP to support the needs of the child and their family,
- ●To assure that all changes to the IFSP are based on the individual needs of the child and priorities of the family.

PROCEDURES

In order to support the ED Team process, the following general procedures have been established. It is noted that these procedures describe the overall ED Team process. There may be times when methods to implement these procedures may vary from one SPOE area to another to accommodate special needs. However, it is expected that the overall experience for a family in one area will be similar to a family's experience in another area. This is one reason why the state is adopting the Assessment, Evaluation, and Programming System (AEPS) as the tool to determine eligibility for all children entering the First Steps Early Intervention System in Indiana.

To best conceptualize the ED Team process this manual is presented in the same order as how a child and family experience the First Steps system beginning with Referral through the IFSP.

Referral

The System Point of Entry (SPOE) serves as the point of initial referral and ensures that all children have equal access to the First Steps system. The Service Coordinator responsible for intake is responsible for responding to each referral, providing families with information and resources.

During the intake process, the SC responsible for intake identifies the family's concerns, questions, and priorities and identifies the two most appropriate disciplines for the eligibility determination process. One member could be a community based resource if appropriate. Recommendations for the ED Team composition are made based on the concerns and priorities of the family. The Service Coordinator responsible for intake ensures that a multidisciplinary team is involved in the evaluation for the eligibility process.

Anyone can refer a child to First Steps. When a referral is made to the SPOE, the Service Coordinator responsible for intake requests basic demographic information about the child and family, such as the reason or concern prompting the referral, and information about the referral source, age of child. This information is documented on the Referral Form. The Service Coordinator responsible for intake must contact the family within two (2) business days of receipt of the referral to gather further information and schedule an intake appointment. This appointment is scheduled at a time and place mutually convenient to the family and Service Coordinator responsible for intake.

-

When the SC responsible for intake makes initial contact with the family, information about First Steps is provided including the process (eligibility determination, assessment and IFSP development) and their rights, opportunities, and responsibilities. The Service Coordinator also explains to the family what information will be needed from them to complete the Intake process.

When a child aged 31 or more months is referred to First Steps, the SPOE and ED Team work together to facilitate transition to the public preschool or other community resources. See **Attachment A** for more details.

Intake

At the initial face-to-face appointment, the SC responsible for intake informs the family of their rights (Procedural Safeguards) both verbally and in writing. The "Families Always Have Rights" brochure is utilized as a tool for the SC responsible for intake to inform families about their rights. To continue the process the family is invited to sign a Consent Form to proceed with the determination of eligibility, evaluation and assessment and Reciprocal Consent Forms to obtain any existing information and to communicate with multidisciplinary team members. During the meeting the SC responsible for intake also explains the eligibility determination process, assessment, and development of the initial IFSP process noting that it must be completed within 45 calendar days.

If the family gives consent to proceed, the SC responsible for intake completes the Combined Enrollment Form and collects additional pertinent information from the family including their priorities and questions. At this time, Cost Share Participation is discussed with the family. Private Medical Insurance consent is signed and the SC responsible for intake collects financial information to determine if the family will have a cost share.

As a result of this collection of information, the SC responsible for intake and the parent select the two most appropriate disciplines to participate in the process of determining eligibility. In some instances, such as a referral from a NICU or a transfer of a child from another early intervention system who has a great deal of existing information, the SC responsible for intake may recommend only one ED Team member. The ED Team members are recommended based upon the presenting needs of the child and questions, concerns and priorities of the family.

The SC responsible for intake documents the child's developmental milestones and a basic social and medical history on the Combined Enrollment Form. This information is used by the ED Team to plan their activities.

Once the initial Intake process is complete, the SC responsible for intake contacts the scheduler for the ED Team assigned to serve the area in which the family lives. The SC responsible for intake forwards all of the appropriate information to the ED Team scheduler within 1 business day.

-

Notification of the ED Team to conduct Determination of Eligibility

Notification of the ED team to conduct Determination of Eligibility includes:

- Combined Enrollment Form with additional Social History
- General Health History
- Concerns and priorities of the family
- Contact information
- Any other existing information about the child's developmental status
- Disciplines recommended to participate in the assessment to determine eligibility.

The Service Coordinator responsible for intake will attempt to obtain written permission from the primary care physician for assessment activities via signature on the Physician's Health Summary form. However, if the physician does not return a signed form in a timely manner, it becomes the responsibility of the ED Team member to obtain any required prescription for the assessment activity as required by licensure.

Contact with the family by the scheduler must occur within 2 business days, with any necessary appointments scheduled to occur within 10 business days.

The Service Coordinator responsible for intake is to be notified immediately of the appointment date with the child/family.

The ED Team scheduler[2] is responsible for contacting the family to arrange meetings to conduct any necessary assessment activities to determine eligibility.

The Scheduler contacts the family within two (2) SPOE business days and arranges the ED Team appointment to occur within ten (10) SPOE business days. Once the appointment with the child/family is scheduled, the Scheduler contacts the Service Coordinator responsible for intake immediately to inform them of the scheduled appointment date, time and location. This will allow the SC responsible for intake to schedule the Eligibility Determination and IFSP meetings and provide the family the required 10 day prior written notice.

Referrals to ED Teams are based on the area/zip code in which the family resides. All ED Teams are assigned to a county, certain zip code(s) or an area defined by the county/cluster. ED Team members may **NOT** provide ongoing services in the same area that they are the assigned ED Team member. Documentation collected during intake to support the ED Team's evaluation and assessment activities is sent to the Scheduler who forwards onto the ED Team Representatives. This

information must include:

- The Referral Form
- Combined Enrollment Form, which includes basic information such as date of birth, family members, and basic health history (Income information can be blacked out and child ID)
- Permission to Evaluate/Proceed
- Reciprocal Consent
- Other supporting documentation (including the Physician's Health Summary, copies of any screening, assessment or other reports by community and preschool providers, etc.) or summary of health/medical status.

[2] Each team is responsible to identify one person who schedules evaluation and assessment activities, IFSP meetings and other activities of the team. This individual serves as the contact person for the team.

-

Upon receipt of the information, the ED Team members review the information provided to see if it represents more than one source of information, and if it describes a delay consistent with the state's eligibility criteria. If there is enough information to confirm eligibility, the ED Team needs to send out only one member to complete a face to face meeting with the family to conduct the initial AEPS assessment. Reviewing all of the existing documentation allows the ED team member to better address questions and priorities of the family and better develop outcome and goals. (If there is a clear diagnosis and the child is clearly eligible to participate in First Steps, then the SC responsible for intake will choose the most appropriate discipline to complete the initial assessment.)

Planning for assessment activities includes a determination of the assessment tools to be used. The EPS (Assessment, Evaluation & Programming System) has been formally adopted by the state as the eligibility determination assessment tool. This assessment must be completed on every child referred to First Steps. All five developmental domains are addressed by this criterion referenced, curriculum based assessment tool. Assessment activities related to the child and the child's family shall be family-centered to enhance the development of the child.

Assessment activities must:

- Be scheduled with the family within 2 business days.
- Be conducted within 10 business days.
- Must occur with two team members present and involved, resulting in a comprehensive assessment of the child and family's strengths, level of functioning and recommendations. If eligibility is not in question, then one member will conduct the assessment.
- Focus on the concerns and priorities of the family.
- Result in a standard document that will

If a therapist requires a prescription from the physician to conduct the assessment activity due to licensure or agency requirements, the ED Team member is responsible to obtain it. This may not hold up the scheduling of the face to face appointment or the assessment activity. The assessment must happen within 10 SPOE business days from the receipt of the referral.

The ED Team shall adopt procedures that are nondiscriminatory and ensure that the assessment tool is administered in the native language of the child and parent or other mode of communication used by the family unless it is clearly not feasible to do so. Assessment and evaluation procedures and materials utilized must be selected and administered so as not to be racially or culturally discriminatory. *ED team members are to represent themselves as First Steps Eligibility Determination Team members only, not as employees of a specific agency or program or as representatives of discipline specific services.*

Generally, two different discipline representatives from the ED team participate in the evaluation and assessment activities. Should the ED Team members feel an additional member of the ED Team is required the team will contact the SC responsible for intake and suggest an additional team member. Additional members may include another ED Team member, or a specialty provider that is not assigned to an ED Team. For example, upon review of the existing information, the ED Team may feel that a Psychologist or Social Worker should be involved in the assessment of a child with serious concerns related to behavior or attachment to a primary caregiver. Upon request to add a Psychologist or Social Worker, the SPOE may authorize the request and notifies the ED Team Scheduler.

Specialty providers such as Interpreters are authorized by the SPOE as needed.
If a child is referred due to not passing two (2) Newborn Hearing Screenings, the SPOE is to schedule an Audiology evaluation prior to referral to the ED Team. If a hearing loss is identified, then

the referral is made to the ED Team. If the child passes the Audiology evaluation, there is no ED Team referral made unless there are other developmental concerns.

Evaluation to Determine Eligibility

When assessment of the child's current level of functioning is necessary in order to determine eligibility, t must occur **within 10 SPOE business days from the date the ED team is given the referral**. The assessment activity must be comprehensive and multidisciplinary using the state adopted assessment tool (AEPS). ED Team members may not conduct individual assessments separate from the team unless, after the initial assessment, eligibility remains in question and additional concerns are identified. In this situation, individual assessment may be completed to help determine eligibility and need for service, as long as the 45 day timeline is not compromised. The assessment must be conducted in the least intrusive manner for the family. The AEPS is used in addition to the other information gathered from the family to determine eligibility. If at the IFSP, there are additional questions or concerns regarding service planning, additional assessments may occur.

In the unlikely event that an ED Team member is unable to attend the initial assessment appointment, the team may with prior consent of the SC, appoint a substitute member. This substitution is only for the initial assessment. A new consent does not need to be signed in this instance. The substitute ED Team member is responsible for reviewing all available information prior to the assessment activities as well as a communication with other ED team members.

The initial assessment must be conducted by personnel trained to utilize appropriate methods and procedures including approved AEPS training. The state has adopted the Assessment, Evaluation, and Programming System (AEPS) as the initial assessment tool to be used with all children referred to First Steps. The five developmental domains assessed include:

- Cognitive development,
- Physical development, including vision, hearing and nutrition,
- Social Communication development,
- Social Emotional development, and
- Adaptive development.

No single procedure may be used as the sole criterion for determining a child's eligibility for early intervention services[3].

Each ED Team member involved in the initial multi-disciplinary face-to-face assessment conducted with the family will be authorized for the amount of face-to-face time spent with the family plus a maximum of 30 minutes for preparation and debriefing. Time for pre assessment activities may be billed for a total of: 15 minutes maximum assessment time for each member who participates in the review of referral information including health and medical information prior to the assessment, the face-to-face time spent with the family, and 15 minutes maximum time to finalize the assessment with the ED Team members after the assessment is complete to make recommendations of who should

[3] 470 IAC 3.1-8-4 Nondiscrimination in evaluation and assessment

attend the Eligibility Determination meeting and the IFSP meeting. It is essential that ED Team members track the amount of time spent for each individual child and note the time on the Assessment Summary Report. It is also essential that ED Team members document the pre and post activities completed for each child. Any assessment completed beyond the initial assessment will not receive the 30 minutes authorization for prep and post time. This must be documented in your billing log with the date and amount of time you are billing for pre and post activities.

Initial Assessment Summary Report

Once the ED Team has completed the initial assessment using the AEPS, a report is due to the Service Coordinator responsible for intake within two (2) business days. This document is a comprehensive report of the assessment activity and must incorporate the findings of the ED Team, focusing on all areas of development. A single multidisciplinary report representing the findings of all ED Team members participating in the assessment is required. **The content of the report should include recommendations for decisions relating to eligibility and need for service.** Each developmental area must describe what the child is doing currently and what skills they are ready to work on next as well as the raw score for that domain. A report form has been developed which must be completed by the ED team members completing the initial assessment.

In addition to the eligibility report being completed with the family, the ED team is required to leave with the family a form called Family Summary which will include what the child is currently doing and include immediate strategies that the family can implement. This form should be filled out by the ED team members and reviewed with the family before leaving the family. The ED Team should let the family know that they will be receiving the comprehensive multidisciplinary report in the mail from the SC responsible for intake prior to the Eligibility Determination and IFSP meetings.

Once the Assessment Summary Report is submitted to the SC responsible for intake, an authorization is data entered by the SPOE, within 5 business days, for the amount of face-to-face time spent with the family plus 30 minutes for preparation and debriefing for the ED Team members involved in the initial multi-disciplinary evaluation. In addition, the SC responsible for intake coordinates the scheduling of the Eligibility Determination and IFSP meetings with the family and ED Team scheduler. Authorization for assessments will not be entered until the SPOE receives the completed report which includes a summary of development and AEPS scores for all 5 domains. Assessment authorizations will be limited to a maximum of 2 ½ hours. (Including pre and post time).

Initial Assessment Summary Report Procedure

- All demographic information on the child and family must be completed.
- The SC responsible for intake must be listed.
- All members of the ED Team performing the initial assessment are listed with signatures.
- ED Team will indicate the time they arrive for the face-to-face appointment and the time they leave the appointment.
- The parent, foster parent, surrogate parent, etc. will sign to indicate their participation in the initial assessment. (They are not signing to agree or disagree with the report or to indicate they have seen the final report). Signature verifies the parent agrees with the face to face time.

-

- All members of the ED Team conducting the initial assessment are to complete the document. Each domain of development must be examined with documentation describing what the child is currently doing developmentally and must include the Raw Score for each domain. Each ED Team member completing a section must initial at the end of the section in each domain.
- The report can be completed while working with the family and child and/or after leaving the family.

  The Family Summary must be filled out and left with the family before the ED Team members leave. It should give a brief summary of where the child is and what the family should expect in the near future and a few ideas of things to work on during everyday activities and routines.
- The ED Team determines one of the members to be the lead. This should be the ED Team member that best addresses the child's needs and the questions and priorities of the family. Any future proposed changes to the IFSP will be reviewed by this lead ED Team member. The lead ED Team member will receive the authorization of the 120 minutes of IFSP development with the onsite rate. All progress reports generated by ongoing providers are forwarded to this person from the scheduler as things come in during the life of the IFSP. This lead member will consult with other ED team members if needed. Additional ED Team members may receive authorization for time assisting the lead ED Team member with prior approval from the Service Coordinator. The ongoing SC will authorize any additional minutes approved. If the child's needs or the family's questions and priorities change, it is possible to designate a different Lead ED Team member when necessary. For instance, this may happen at the 6-month Review or at the annual or as the priorities of the family change.
- If the child is eligible through medical diagnosis, the ED Team must identify a need for First Steps services and there must be signed documentation from the physician verifying the medical diagnosis.
- The Eligibility Determination Assessment Report must be faxed to the Service Coordinator responsible for intake within two (2) SPOE business days. This is the only documentation required from the ED Team. The report also must be forwarded to the child's primary medical provider so they are informed of other possible services their patient may receive. (This may also act as a reminder that the physician summary and IFSP may be coming for signature.) Each ED Team member must keep a copy of the signed Eligibility Determination Report Summary.

THE SERVICE COORDINATOR RESPONSIBLE FOR INTAKE MAILS THE COMPLETED REPORT TO THE FAMILY WITH THE 10 DAY WRITTEN PRIOR NOTICE – THE ED TEAM IS <u>NOT</u> TO MAIL THIS REPORT TO THE FAMILY.

The eligibility report is designed to allow the team the opportunity to complete with the family. Additional information may be added as the team debriefs. **This report is designed for the ED Team to document the child's present level of development as well as additional information used for eligibility and development of the IFSP.** This report will be reviewed by the Service Coordinator responsible for intake to confirm eligibility per First Steps definitions and then to work with the team and the family to schedule an eligibility/IFSP team-meeting if appropriate. If eligibility is in question, the SC responsible for intake should contact the ED team members to discuss and get better clarification.

If the child does not appear eligible, the service coordinator will offer to schedule the family an eligibility meeting to further review the assessment and evaluation, to determine if additional information should be collected. Families may decline the eligibility meeting.

Eligibility Determination

An eligibility criterion for First Steps is clearly defined in State legislation, rule and policy. In order for a child to be considered eligible to participate in the First Steps Early Intervention System, the ED Team, with the SC responsible for intake (or ongoing Service Coordinator at the annual evaluation) must be able to document how the child meets the state's eligibility criteria. Documentation to support eligibility MUST be present. Please note, that eligibility must be determined prior to planning for an IFSP and related supports and services. With eligibility, the team must also document a **need for services.** Services can be provided by First Steps and/or community based options.

The developmental needs of the child at the present time determine the need for early intervention services, not simply the presence of a medical diagnosis.

Eligible but Currently not in Need of Services

Some children may be eligible to participate in First Steps but currently are performing at the appropriate development levels. These children are tracked and assessed again after a period of time. The ED Team members partnering with the family determine a time frame. Generally children in the category are reassessed in 2-3 months. The family can re-contact the SPOE sooner if there are new concerns or changes with the child's development. The family can have an IFSP written but only include Service Coordination to help the family find community resources.

There are two categories of eligibility for First Steps[4].

High probability of Developmental Delay: Children birth through two years of age shall be considered eligible to receive early intervention services if they have a diagnosed physical condition or mental condition. The following are the diagnosed physical or mental conditions that have a high probability of resulting in developmental delay:

(1) Chromosomal abnormalities or genetic disorder

(2) Neurological disorder

(3) Congenital malformation

(4) Sensory impairment, including vision and hearing

(5) Severe toxic exposure-including pre-natal exposure

(6) Neurological abnormality in the newborn period

(7) Low birth weight of less than or equal to one thousand five hundred (1,500) grams

Eligibility in this category must be substantiated by written documentation by a medical physician or individual able to diagnosis. The multidisciplinary team must verify that the appropriate

[4] 470 IAC 3.1-7 eligibility

documentation is present and that the condition fits into one of the categories listed above and has a high probability of resulting in a developmental delay. A diagnosis not relating to an above category or that does not have a high probability of resulting in a developmental delay will not apply toward eligibility.

Children eligible by medical diagnosis must still have a "**need"** for early intervention services prior to the receipt of on-going services. Children who have a diagnosis and not a current need for services may be re-contacted by the system as appropriate. Refer to services options later in this manual for re-evaluation procedures.

Developmental Delay: Children from birth through two years of age shall be considered eligible to receive early intervention services if they are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: (1) Cognitive development, (2) Physical development, including vision and hearing (3) Communication development (4) Social or emotional development, (5) Adaptive development.
When using standardized assessments or criterion-referenced measures to determine eligibility, a developmental delay is defined as:

(1) a delay in one (1) or more areas of development as determined by

- (a) two (2) standard deviation below the mean; or
- (b) twenty-five percent (25%) or more in function below the chronological age (adjusted for prematurity, if applicable) on an assessment instrument that yields scores in months,

or

(2) a delay in two (2) or more areas of development as determined by:

- (a) one and a half (1½) standard deviation below the mean; or
- (b) twenty percent (20%) or more in function below the chronological age (adjusted for prematurity, if applicable) on an assessment instrument that yields scores in months,

Determination of a developmental delay can occur by:
A. Use of a standardized, criterion referenced assessment tool. In Indiana, the AEPS will be used to assist with eligibility.

[1] 470IAC 3.1-7-1 Developmental Delay (c) If, because of a child's age or the kind of standardized instruments available in specific domains, a standardize score is not appropriate or cannot be determined, a child may be determined to have a developmental delay by the informed clinical opinion of a multidisciplinary team, which includes the parent and documentation form the primary health care provider. (d) When relying on informed clinical opinion, developmental delay may be determined by a consensus of a multidisciplinary team, including the parent as a member using multiple sources of information including, at a minimum, the following (1) A developmental history as currently reported by the parent or primary caregiver (2) A review of pertinent records related to the child's current health status and medical history. Consideration may be given for: (A) functional status; (B) recent rate of change (C) prognosis for change in the near future based on anticipated medical or health factors. (3) At least one (1) other assessment procedure to document delayed development or documentation of delayed development by use of non-standardized assessment devices, such as developmental checklists.

-

B. Informed Clinical Opinion

When standardized tools are not available or not appropriate, informed clinical opinion may be used. Informed clinical opinion is a collective agreement within the multidisciplinary team, not an individual decision. When determining eligibility using informed clinical opinion, there must be more than one individual involved and a variety of sources of information used to document the delay. Sources of information include at a minimum the following:

- Developmental history as currently reported by the parent or primary caregiver
- A review of pertinent records related to the child's current health status and medical history.
- At least one other assessment procedure to document delayed development such as observational assessment or planned observation of the child's behaviors and parent-child interaction or documentation of developmental delay by use of a non-standardized assessment devices such as developmental checklists.

This must be documented in the Eligibility Determination Summary Report and submitted to the SPOE to document. The AEPS must be completed first before using informed clinical opinion. **THIS IS THE EXCEPTION AND NOT THE RULE.

- To confirm eligibility utilizing Informed Clinical Opinion, the multidisciplinary team along with the parent and Service Coordinator must review any assessment information including health documents and determine that the child has a delay meeting eligibility guidelines. All pertinent team members must participate in this discussion during the Eligibility and IFSP meetings.

Eligibility Determination and IFSP Development

In Indiana, the Eligibility Determination meeting and the IFSP meeting occur back to back during the same visit. However, it is critically important to understand that these are two distinct and separate processes. This occurs out of respect for the family's time and to best utilize resources. The intent of the first meeting is to summarize the findings of the initial assessment and to formally establish the child's eligibility. A basic agenda for the eligibility meeting would include explaining the purpose of the meeting, discussion of procedural safeguards, review of the child's present level of performance and the determination of eligibility.

Detailed Meeting Agenda for Eligibility Determination Meeting

- Introductions of all attendees- first and last name, - lead by SC responsible for intake
- SC responsible for intake briefly discusses intent of the meeting is taking place
    - to discuss the child's potential eligibility for First Steps
    - to discuss the information from the ED Team assessment activity
    - to insure the family understands their rights and responsibilities
- Entire report is discussed by ED Team member – family has opportunity to ask questions. Recommendations are not discussed at this point. The ED Team members should not read the

report to the family. They should just be summarizing what they observed during the assessment activity.

- Eligibility is discussed – is child eligible, how is child eligible. Is child in need of First Steps services? Utilize Section Three (3) of the IFSP. The eligibility document should be signed at this time before starting the IFSP meeting.

Once eligibility is established, the second meeting, known as the IFSP meeting, is held to document the desired outcomes of the family and child. It will help to determine next steps in addressing the developmental needs of the child and family. These next steps may include the recommendation of services provided through First Steps as well as services through other community-based resources that will support the needs of the child and family. Recommendations are to be based on the outcomes identified by the family. The IFSP team members must agree with the recommended services including the parent.

The Individualized Family Service Plan (IFSP) is the guiding document in the delivery of early intervention services. This document must include the strengths, concerns and priorities of the child and family as well as services to address the developmental needs of the child. Services included in the IFSP must support the everyday activities, routines and interactions of persons caring for the child.

All team members should contribute to the recommendations for the IFSP. General strategies should be written into the evaluation report. Strategies are not detailed services that include intensity and frequency. Rather, recommendations may be suggestions of activities or, strategies to address the questions and priorities expressed by the family. For example, recommendations may include activities to address a child's gait or walking pattern and seating. The team should consider which resources and supports (from First Steps, the community, and the family) could appropriately address these concerns. Specific models of treatment recommendations are discussed later in this manual.

At minimum, the family, service coordinator responsible for intake and persons contributing in the evaluation must participate in IFSP development. If the ED Team member cannot attend the meeting due to scheduling, that member will contact the Service Coordinator responsible for intake to give them possible outcomes/strategies from the information they received while visiting with the family. If other individuals have been involved in the eligibility determination and assessment process, those persons may be invited by the Service Coordinator responsible for intake. The family may also invite other persons or agencies that they are working with and feel are important to the meeting. (e.g., Healthy Families, case worker, child care provider)

During the IFSP meeting, supports and services that address the outcomes identified in the IFSP are discussed. If the IFSP team determines that a child has a developmental need, the law requires the First Steps program to offer the family an appropriate service that is designed to meet the needs of the child and family. The law does not specify "which" service must be offered, only that a service appropriate to the needs of the family and child be made available. If it is determined by the IFSP team that a specific service is necessary to meet the child's developmental needs, and that service is not available, the SPOE, as the local lead agency, has a legal obligation to ensure that the service is located and available to the family. The support and services listed in the IFSP are the result of the discussion by the multidisciplinary team, which includes the family. No one individual determines

which supports and services best address the child and family outcomes on the IFSP. The family has the right to accept or reject the recommendations of the team. If the family disagrees with the rest of the team, they are encouraged to discuss their questions and priorities. The family does NOT have the right to include services in the IFSP that go beyond the multidisciplinary team's recommendations. For example, the multidisciplinary team agrees that a developmental therapist is the most beneficial resource to support the family's outcome for the child to better communicate with the family. It would not be in the rights of the family to require a speech therapist provide the service. The family may still desire to have additional services and are encouraged to seek other resources of funding. If the family still does not agree with the recommendations, they can have the SC responsible for intake to request an ED Team from another area to review the existing documentation and provide an opinion regarding the request.

If the family continues to disagree, the family must be informed of the rights and procedural safeguards. The family may then elect to pursue mediation or due process. The Service Coordinator is responsible for notifying the parent of the rights and directs the family to the Bureau of Child Development Services for any further requests related to due process. Family rights and due process procedures are discussed in further detail in the Parent's Rights Manual.

Determining which supports and services best address the identified outcomes in the IFSP is conducted through a team discussion. No individual team member should make recommendations in isolation from other team members. The supports and services determined are a combination of community-based resources as well as those provided by the First Steps System. Supports and services not covered by First Steps should include referral information related to the availability of the service or source of additional information or financial support. **A major challenge of the ED Team is to make a fair and accurate determination about services to address the developmental needs of the child and family. Service needs that address medical concerns, environmental risk factors, or social issues are addressed by other community-based resources and are therefore listed on the IFSP under the section Other Services. First Steps services address developmental issues only.** (Refer to the Personnel Guide for further explanation regarding early intervention services.) Examples of recommendations utilizing community-based resources, supports, and programs may be access to private insurance, enrollment in classes for typically developmentally children such as a Mom's Day Out program, toddler water program, tumbling, employment, GED training for a parent, etc.

The ED Team members completing the initial assessment will assist with recommendations for the appropriate supports and services to assist the family in reaching their outcomes.

To assure the success of Eligibility Determination and IFSP meetings, the following basic agenda is provided. All Service Coordinators are encouraged to use an agenda to help guide the meetings.

Detailed Meeting Agenda for IFSP Meeting

- Outcomes/Goals are developed(if eligible) – what the family wants to see happen for their child – what will be different for their child - the provider is welcome to assist with this – especially in regard to helping the family identify what they want to see change in the next year. The provider

from the ED Team can be very helpful when the family can only identify that they want the child to be age appropriate, by giving the family some feedback about what that means.

- Outcomes should be functional for the child and family. Once the outcome is developed, the ED Team member should give specific strategies that will lead to the achievement of the outcome.
- Strategies are not the same as the outcomes/goals. Strategies are the specific activities that will take place with the child and family to reach the outcomes that have been developed. The term "home programming", should not be listed as a strategy. However, the team may include specific activities for the family to utilize.
- The ED Team member attending the IFSP should be able to articulate strategies that will help the child achieve the outcomes that have been developed. This includes outcomes that are not in their specialty area. The Lead ED Team member should discuss this with the other ED Team members before the meeting.
- After the outcome and strategies are developed, the team should suggest the supports that will be able to help the family meet the outcome – these should be documented on the outcomes page. The ED Team member and the Service Coordinator should be able to explain each support to the family.
- Discuss with the family appropriate locations where services may take place by going through Section Five (5) - Natural Environments – of the IFSP.
- After all outcomes and strategies are developed, the Services Page should be completed. There should be a discussion among the team about how often supports and services will take place and how long they will last (frequency and intensity). **DO NOT** ask the parent how often they want services. The ED Team member can start the discussion with how often they think services should occur and the Service Coordinator can ask the family if that will work for them. Or the family can start the conversation about what they think. As a general rule, services will be authorized for 6 months at a time unless there is clear eligibility to support services for the life of the IFSP.
- Ongoing providers are selected to support the services. ED Team members may assist the family by outlining what to look for but CANNOT discuss specific providers or agencies. Team members are welcome to discuss training or experience to look for in the selection of providers. Recommendations should focus on specific qualities to look for in the provider matrix or during an interview. Examples would be for the family to consider looking for a provider with experience working with children with a specific diagnosis, or specific certification or training. Releases for the ongoing providers will be signed along with the IFSP service page and meeting minutes.
- Service Coordinator will explain the need to obtain Physician's signature on the IFSP. Services on the IFSP will be written into the IFSP with a start date of 10 days from the IFSP meeting.
- Ongoing Service Coordinator should be asked to explain their role and complete the Service Coordination Worksheet.
- The remainder of the IFSP is completed. All participants, including the family, sign in the appropriate places.

-

Within 2 days of the Eligibility Determination and IFSP meetings, electronic authorization for persons attending the IFSP meeting will be data entered. Authorizations for ongoing services will be entered once the Physician's signature is obtained.

The Service Coordinator responsible for intake enters an authorization for 120 minutes of IFSP development time for the identified lead ED Team member who is involved with the family and child ongoing. This time is to be used by the lead ED Team member to review progress reports and review any suggested changes to the existing IFSP by ongoing providers. This must be documented in your billing log with date and time used for the review.

Copies of the IFSP and related documentation are sent to the Ongoing Service Coordinator, parents, ongoing service providers, primary care physician and ED Team scheduler. It is the responsibility of the Service Coordinator to monitor the implementation of the IFSP and ensure that the needs of the child and family are being met. Services must begin within 30 days of the plan being written. The Service Coordinator will coordinate the 6-month review of the IFSP and annual eligibility determination that may result in a new IFSP.

Implementation, Review and Modification of the IFSP

The ongoing Service Coordinator is responsible for monitoring the IFSP and service delivery to ensure that the needs of the child and family are being met. As the needs of the child and family change, it is the job of the Service Coordinator to facilitate discussion among the team on how to meet the family's needs. Just as the initial IFSP is a multidisciplinary process, all changes to the IFSP must also represent the decision of a multidisciplinary team, which includes the family.

In order to create procedures that allow for a multidisciplinary process and provide for consistent procedures in the implementation of changes, the ED Team is involved in the recommendations for changes. A Change Request form is submitted, by the requesting provider to the SC, along with justification and documentation. The lead ED Team member reviews the proposed changes and responds to the SC within 5 working days. If the lead ED Team member requires additional information, they may speak directly with the ongoing provider(s) and the SC as appropriate. **It is expected that this procedure be followed consistently to ensure that changes to the IFSP be reflective of the developmental needs of the child and family's priorities.**

Recommendations may not be implemented that are not supported by the lead ED Team member and the rest of the multidisciplinary team which includes the family. Frequency and intensity of recommended services must take into consideration early childhood evidence-based best practices. All services must be supported through written justification in the child's record and related to one of more child and family outcomes.

In the event that a need of the child or family is identified as not being met through the current IFSP or service delivery approach, the multidisciplinary team which includes the parent, should considers modifying the current supports and/or services delivered. Strategies may include supporting other team members by demonstrating a technique that has shown success.

-

Communication is imperative to teamwork. No team member is to serve a child in a manner that would fall outside of his or her licensure or education. Team members must be willing to collaborate with the whole team. All members of the team shall incorporate general teaching activities that support the development of the child. The parent should implement similar activities or supports during everyday activities and routines. If the current team is not able to meet the needs of the family or child, discussion should occur to define what is needed by the family.

If it is determined that an individual team member is not able to adequately address an outcome due to limited training or experience, the multidisciplinary team should consider the appropriateness of selecting a different provider with the required qualifications. The team should consider whether the new provider should replace the existing provider, be brought in to consult with the existing provider and team, or be brought in as a team member to the existing team. Best practices would not encourage two members of the same discipline working with a child on the same developmental concern. **Any time two providers of the same discipline are considered, it must be Prior Approved by the Bureau of Child Development Services.**

Changes in service providers that do not alter the intensity, frequency, type, or location of service do not require the participation of the IFSP team in the decision. However, if a provider wants to decrease frequency or terminate services then all IFSP team members should be notified of the proposed change. This includes the lead ED Team member included in the IFSP. If they or any IFSP team member questions the change, more documentation or explanation is required and the change cannot take place until all IFSP members agree.

When an IFSP multidisciplinary team, which includes the family, is considering increasing or adding a service, assistive technology, or moving services to an on-site location, the lead ED Team member must be included in the support of the change. Justification and supporting documentation for the change is to be submitted to the Service Coordinator. The team reviews the documentation and provides a written response to the Service Coordinator indicating whether the change is supported. As with any change to the IFSP, the multidisciplinary team, which includes the family, meets to discuss the proposed change. Participation in such a meeting can be face-to-face, via electronic means, or by telephone. Team member input is documented by the Service Coordinator. When a change is agreed upon by the IFSP team, the Service Coordinator completes the change to the IFSP form and acquires the signatures of the family and the physician. The Service Coordinator notifies the family and providers when the change has been officially approved and authorized prior to beginning the service.

In the event the lead ED Team member does not support the proposed change to the IFSP, the reason is reflected in written documentation back to the IFSP team. The lead ED Team member may contact other team members to obtain additional information.

The review of the lead ED Team member is documented on the Change Request form submitted to the Service Coordinator. Review of changes to the IFSP may be billed by the lead ED Team member from the 120 minute authorization generated by the SPOE at the time of the IFSP.

In the situation where the team does not agree on a recommended change, the Service Coordinator ensures that all IFSP team members, including the family, have access to all of the pertinent

information. Once the information has been reviewed by the IFSP multidisciplinary team, which includes the family, if there is still disagreement, the Service Coordinator should schedule an IFSP review meeting with all pertinent members. If during the meeting a resolution is not found then the family may request that an additional ED Team member review the request and records. Requests for review by an additional ED team review the request must be prior approved by the Bureau of Child Development Services. In the event of continued disagreement, the Service Coordinator review the family's procedural safeguard rights to due process procedures.

The Service Coordinator facilitates the communication among all IFSP team members which include the family. Progress reports are forwarded to the lead ED Team member as the Service Coordinator receives them for review. The lead ED Team member contacts the Service Coordinator, team members, or the family to discuss them. The lead ED Team member may apply this activity to the 120 minute authorization generated by the SPOE at the initial IFSP.

When IFSP multidisciplinary team members, including the family, become aware of potential violations of State or Federal regulations or individual's licensing regulations, they are reported to the Bureau of Child Development Services. If this team has First Steps procedures that are not being followed, these are reported directly to the SPOE or LPCC. If a resolution does not occur, the SPOE will report it to the Bureau of Child Development Services.

Team members are also encouraged to notify the SPOE of providers that display exemplary evidence-based best practice, or who could support policy and training efforts to improve the system.

Annually each child and family participates in a redetermination of eligibility and if eligible, IFSP planning.

-

Roles and Responsibilities:

Once the lead ED Team member becomes involved in the eligibility determination, assessment, and IFSP planning activities for a child, that individual becomes a member of the IFSP team for the family and must be included in the future planning and IFSP development. The overview of ED Team member role in Early Intervention process document is designed to assist Service Coordinators and providers in understanding the ongoing roles and responsibilities of the lead ED Team member in the process.

3-Month Progress Reports

After a child is enrolled in the First Steps system for 3 months, a progress report is due from the ongoing IFSP team members. Reports must be submitted to the ongoing Service Coordinator who will forward them onto the lead ED Team member for that child. These reports must give the progress of the child towards reaching their outcomes listed on the IFSP. The family must also be provided with a copy of this progress report. The provider should debrief the report with the parent during their regular scheduled visit.

6-Month review

- The SC is responsible for the coordination and facilitation of the 6-month IFSP review. Families must receive at a minimum of 10 days prior written notice for the 6-month review meeting. The ED team scheduler should be given all reports and information a minimum of 14 days prior to the IFSP review meeting. (5 months of service)
- Progress Reports from the ongoing IFSP team members providing services include a summary of assessment information collected during the previous quarter. The summary describes where the child is performing currently in comparison to where they were the previous quarter and what that team member plans to include for continued progress toward the IFSP outcomes. Progress Reports are to be forwarded to the ED team scheduler by the SC a minimum of 14 days prior to the 6-month review meeting. The scheduler will forward the progress report to the lead ED team member.
- The SC is to coordinate the schedule for the 6 month IFSP review with the family, ongoing providers and ED Team scheduler. The lead ED Team member is not required to attend the 6 month review but is responsible to generate a paper review of the plan and state any recommendations to the IFSP multidisciplinary team either by attending the meeting or giving the recommendations to the SC at least 5 days prior to the meeting. This cannot happen until the lead ED team member receives the progress reports. Recommendations will come from the information written in the progress reports of the ongoing providers. If the Lead ED Team member attends the 6-month review meeting, the 120 minutes IFSP authorization may be utilized when billing for attendance of this meeting.
- Eligibility is not determined at the 6-month review but can be reviewed if necessary. New authorizations will be generated to reflect the 6-month review meeting minutes. As with any addition or increase in service, a physician's signature would be needed. One is not needed to continue services as listed on the IFSP or to decrease a service.

-

- No later than 5 days after the IFSP review meeting, a copy of the outcome review page, minutes of the meeting & Changes to IFSP page(s) (if applicable) are sent to the IFSP team members which include the family, as well as the ED team scheduler.
- If there are recommended changes to increase or add service's to the IFSP, the SC and team should follow the directions in the Implementation, Review and Modification of the IFSP section. The SC must obtain input and support of team members. Once documentation of support is received from the team then the SC must obtain the signature of the parent, primary care physician, and all team members prior to implementing the change. The increase or addition of the service may not be initiated until all signatures are obtained. The start date of the change shall reflect the date of the physician signature. Recommendations may not be implemented that are not supported by the multidisciplinary team which includes the parent.

9-month Progress Report

After a child is enrolled in the First Steps system for 9 months, a progress report is due from the ongoing IFSP team members. They must be submitted to the ongoing Service Coordinator who will forward them onto the lead ED team member for that child. These reports must give the progress of the child towards reaching their outcomes listed on the IFSP. The family must also be provided with a copy of this progress report. The provider should debrief the report with the parent during their regular scheduled visit.

Annual Evaluation and IFSP Development

- The SC is responsible for the coordination and facilitation of the annual evaluation to determine eligibility and IFSP development meetings. Families must receive at a minimum 10 days prior written notice for the meeting(s). The ED Team scheduler will be given the referral information 45 days before the IFSP and evaluation are due.
- Progress Reports from the ongoing IFSP team members providing services include a summary of assessment information collected during the previous quarter. The summary describes where the child is performing currently in comparison to where they were the previous quarter and what that team member plans to include for continued progress toward the IFSP outcomes. Best practice suggests this progress report be received before the ED Team completes the annual assessment activity with the child and family. The progress report shall be written and submitted during the eleventh (11^{th}) month of the IFSP. This report is to be forwarded to the ED Team scheduler. Ongoing providers will not be authorized to conduct assessment activities separate from their treatment time in order to perform an assessment. This must be an ongoing process.
- Annually, eligibility must be determined. ED Team members will conduct an assessment using the state approved assessment tool (AEPS), review current information from the ongoing team, Physician's Health Summary and other relative material. This assessment can be conducted by one ED Team member if there is a clear diagnosis and eligibility is not In question and there is not questions relating to the current services. The results of the ED Team assessment are utilized at the eligibility determination and if eligible, the annual IFSP meetings. Eligibility may NOT be established without the involvement of the ED Team.
- The ED Team will conduct an assessment activity including an assessment of the child's development and service needs. The review of any additional medical records will also be utilized to help determine eligibility. The ED team will summarize the findings of these activities

-

in a comprehensive report covering all five (5) developmental domains using the state approved tool (AEPS). The report will be faxed/delivered to the Service Coordinator within two (2) business days.

- The Service Coordinator disseminates the ED Team assessment summary report to the rest of the multidisciplinary team members, including the parent. Team members are expected to read through the report prior to the Eligibility Determination and IFSP meetings. If members feel that additional information should be considered, team members are strongly encouraged to contact the lead ED Team member prior to the meeting with suggestions.

To assure the success of Eligibility Determination and IFSP meetings, a basic agenda is provided. All Service Coordinators are encouraged to use an agenda to help guide the meetings. (Please see IFSP agenda for meeting content located on page 15.)

Modifications to Current IFSP Services:

When an IFSP team feels that the existing plan is not addressing the needs of the family, the team should meet to discuss alternative techniques and ideas to service delivery. If after the team has met and there is still concern regarding a lack of progress or inability of current team members to meet the needs of the family, the team may request an additional assessment. The referral for an assessment must be made to the ED team scheduler. Prior to the referral the team must document the reason (s) for the additional assessment, along with any other pertinent information. This documentation must include input from all team members (including parent); how long existing services have been in place; how much service has actually occurred; the level of parent participation in services; what techniques have been utilized already and what the team believes the benefit will be to adding the additional service. “Request for Change “form should be filled out and submitted with the rest of the documentation.

The SC should contact the Ed team scheduler and submit pertinent information including the eligibility report, recent progress reports and IFSP.

The scheduler will coordinate with the therapist to schedule the assessment with the family. For this assessment, only the ED team member that most appropriately meets the concerns of the team will be authorized to provide the assessment. The assessment must occur with the parent present and include parent input.

Once the assessment is conducted the ED team member will submit a report to the SC within 2 working days. The report will address only those areas of development assessed during the visit.

The Service Coordinator will submit within 5 working days, to the SPOE, a request for authorization for the assessment activities as conducted by the ED team member for the face to face time spent with the child and family. The SPOE will enter that authorization within 5 working days. This ED team member does ***not*** receive the additional 30 minute authorization.

The ED team scheduler will fax/deliver a copy of the report to the SC.

The SC must distribute a copy of the report to all IFSP team members.

The IFSP team should review the assessment report to determine the level of changes recommended. If the IFSP team, including the parent, feels that it would be beneficial to discuss the addition of a service, or modification to the IFSP, then all team members should provide input into the

change. Prior to modification of the IFSP the family must be presented with their rights and procedural safeguards and the team must agree to the change. Refer to Implementation, Review and Modification of the IFSP section.

Procedures for the inclusion of the lead ED team member at these times should follow the same procedures for inclusion of the lead ED team member when an additional service is needed.

If another ongoing provider is added to the plan, services **may not** begin until the Physician's signature is obtained on the Change page. The ongoing SC is responsible for submitting this page and letting the new provider know when services can start.

If there is a discrepancy between the recommendations of providers that cannot be resolved through local intervention, which must include a meeting between the team members, the Service Coordinator may detail the position of the team in a letter that is to be directed to the state consultant. At that time, additional intervention will be deployed.

Definition of Delivery Service Options

Early intervention services are designed to meet the needs of the family and child. While no two families are identical, neither should be their approach to services. In the consideration of services the team must consider the priorities, strengths and resources of the family. Recommended services should be provided to support the activities and routines of the family and involve those who care for the child. Services are not to be provided in isolation of the family or caregivers.

In finalizing recommendations for the IFSP, teams should consider several alternatives to the delivery of services. Options for the delivery of services are listed below. These approaches are not exclusive or in any way meant to limit the team's ability to suggest other options.

Direct Treatment: Direct treatment is defined as intervention delivered directly to the child and family. All direct treatment should incorporate family training and support to inform the family of the child's development and how the family can support the child.

Co-treatment: At times it may be of benefit for the child to have two therapists of different disciplines working with the child during the same time period. Recommendations to incorporate a co-treatment approach must be based on the child's needs and not on the convenience of the family or providers. Documentation and justification from the therapist involved must be provided.

Consultation: At times, it may be beneficial for the team to consider the use of consultative services. This approach allows for a relationship based delivery of service while allowing for input from multiple individuals with a variety of experience and knowledge. Consultative services may be suggested when the team feels a consultative approach would effectively meet the needs of the child or family by providing a comprehensive, collaborative approach to services. This approach may also be suggested when the family prefers to limit the amount of direct therapy or number of services received. Consultative services do not infer that providers are to act outside of their licensure or education. Consultative can provide education to parents and team members to better enhance a child's development. Consultative services may also be offered to the ongoing therapist to enhance a

technique or therapy. For example, a speech therapist may consult with a developmental therapist to provide suggestions of activities for the DT to use in working with the child and family. (Suggestions may be activities that include the incorporation of sounds that the child should be developing, suggestions of activities or games to encourage language, how to utilize simple signs or non-verbal communication, use of music in therapy…) Generally speaking, these services are authorized 1 time per quarter or up to 4 visits at the beginning of the IFSP.

Home programming: At times, it may not be necessary for direct therapy to occur although there is a developmental concern. The ED team may recommend that the therapist work with the family to provide education and activities that the family could incorporate in between visits. Visits with the therapist to update the home programming information may be at a much more infrequent basis that direct therapy.

Re-evaluations: At times, there may be a child who is eligible for the program but currently not in need of direct services. The team may feel that a re-evaluation of the child is needed sooner than 6 months. The ED team may recommend that the family return for a re-evaluation of the child's needs. Follow-up re-evaluation may be recommended at intervals less than 6 months. Re-evaluations may be in one or multiple areas of development depending on the needs of the child and family. The ED team needs to note why the re-evaluation is needed and when the re-evaluation should occur. The Intake Coordinator will inform the family that they will be contacted in the recommended time for a re-evaluation. The Intake Coordinator then keeps a file and contacts the families at the appropriate time for consent to complete the re-evaluation. If the family consents then the Intake Coordinator contacts the ED team scheduler and an appointment is scheduled for the re-evaluation. The re-evaluation follows the same procedures as the initial evaluation.

Other services <u>not</u> supported by First Steps: First Steps services are not intended or able to meet the complete needs of families and children. The team is encouraged to make recommendations of additional supports. Some of those supports or services are listed below:

- **Medical Services:** All families should be encouraged to coordinate care with their primary care physician. The team is encouraged to discuss the involvement of the primary care physician or other medical personnel in the care of the child.
- **Diagnostic Services:** First Steps may only support the cost of Diagnostic services when they are necessary to determine eligibility or service delivery. There may be other times when diagnostic information would be beneficial to the child and family. These must always be Prior Approved in order for First Steps to support them.
- **Developmentally appropriate activities for children:** There will be times when a child's development may be enhanced by participating in activities with typically developing peers. The team may discuss these opportunities with the family. Examples may be to participate in: Mom's Day Out, preschool, playgroup, music activities. While these programs may enhance the child's development, they are not covered by First Steps as they are typical programs that may be beneficial to all children.
- **Parent Education:** Parent education classes may be beneficial to families in which basic parenting skills should be enhanced.
- **Social Service:** Supports such as WIC, TANF, SSI, and Childcare assistance….may be beneficial to some families.

-

- **Counseling or Mental Health Services:** Families experiencing stresses such as issues with Alcohol, Drugs, Abuse Issues, Mental Health, Marital problems…may be given information on supports.

ED Team Member Guidelines for Participation

Each individual invited to participate as a member of an Eligibility Team has the legal and ethical responsibility to provide early intervention services in accordance to the rules and regulations governing First Steps in Indiana. Services shall be provided utilizing a family centered approach respecting the individuality of the family and child. Individual team members also hold a responsibility of being supportive not only to the individual families, but to the system as a whole.

Representatives must ensure that procedures are implemented that accurately assess a child's eligibility and need for service within the First Steps system. Resources and supports offered to families and children eligible for the system are to be designed to meet the developmental needs of the child and family and be based on recommendations exemplary of early childhood best practices.

Minimum qualifications to participate in an ED team have been defined. They include:

- Specialist entry level personnel qualifications for First Steps,
- Significant, quality experience with the pediatric population.
- Experience with First Steps and early intervention (a minimum of one year is preferred)
- Good working relationship with the SPOE
- Support of the SPOE and Services Coordinators in the provider's prior evaluations and interactions with the family
- Evidence of timely submission of documentation to the SPOE
- Confidentiality – as with all providers, ED Team members must maintain confidentiality as defined by the Family Education rights and Privacy Act (FERPA) and as described in the Provider Agreement.
- NOTE: ED Team members may not provide ongoing services in an area in which they conduct assessment activities. (This does not include current families which the provider serves.) In addition, any individual for whom a complaint or billing concern had been received by the State may not be considered to participate as an ED team member.

It is expected that all ED Team members provide feedback and recommendations to improve the process. Additional trainings and workgroup activity may be required to ensure that all team members are consistent and that the desired outcomes are met. Ed Team members are welcome to provide input into the required qualifications and selection process.

-

ED TEAM PURPOSE

1. Determine eligibility and need for appropriate service(s) according to First Steps rules and regulations and in the least intrusive manner for the family and be based on the concerns of the family.
2. Follow a child from entry into the First Steps program through exit from the program and **provide** consistency and continuity of appropriate services
3. Examine all services and service delivery options and recommend the most appropriate for each individual child at time of eligibility/need for service determination. Service delivery options include co-treatment, Hoosier Healthwise, consultative, CSHCS, insurance, community resources, and other service delivery models.
4. Determine appropriateness of requested changes to an IFSP, including increase or decrease in frequency/duration, addition or termination of services, and service location changes.
5. Follow Best Practices and all state and federal laws plus the First Steps mission and vision.

-

Attachment A

When a child is referred to First Steps between 31 and 36 months of age with less than 60 instructional days before the child's 3rd birthday the SPOE will follow this procedure:

The family is given two (2) options:

1. Proceed with a First Steps evaluation, and if eligible, convene an eligibility/initial IFSP/Transition meeting.

OR

2. Due to limited time, a parent may choose a direct referral to the school rather than pursuing eligibility determination through the First Steps system. In this instance a Record Closure form is completed noting that the family chose not to participate in First Steps. There is no requirement for a transition meeting and the school will identify the parent as the referral source in the CODA data rather than a First Steps referral.

   If the parent selects option 1, the Service Coordinator responsible for intake initiates an eligibility/initial IFSP/Transition meeting. With parent consent, the school representative is invited to this meeting. If the parent wishes to pursue special education services, the parent makes a written request for an educational evaluation and submits the request to the public school representative.

   If the family wishes to proceed with First Steps, the ED Team does not need to perform a face to face initial assessment IF eligibility can be determined through a review of all existing documentation.

-

ATTACHMENT B

PROGRESS REPORTS

Progress reports are due each quarter from each ongoing provider listed on a child's IFSP. The quarters are determined by the date of the IFSP. These reports are **crucial** to determining eligibility and reviewing the progress of the child. Progress reports are submitted to the Service Coordinator who disseminates them to the IFSP team, including the lead ED team member.

If an ongoing provider does not submit their Progress Reports the SC or the lead ED team member is to notify the Cluster/local LPCC. Each LPCC has a procedure to follow and if the provider still fails to submit the reports, they are reported to the State Consultant who handles complaints and concerns and can be dis-enrolled. Providers who fail to submit Progress Reports in a timely fashion are in violation of their provider agreement with First Steps.

Progress reports are due at the 3rd month, 5th month, 9th month and 11th month based on the initial start date of the IFSP. A helpful tracking too is available on the First Steps website at www.firststepsweb.in.gov.

-

ATTACHMENT C

ED TEAM FORMS

Eligibility Determination Multidisciplinary Assessment Summary Report – Completed at time of assessment, one report no matter how many ED team members participate in the assessment. Do not write on the form what services the child should receive, this will be discussed at the meeting. List how the child might benefit from supports due to their level of current performance.

Family Summary – Given to the family prior to leaving the assessment activity with things you observed the child doing during your visit, suggestions of activities they can do with their child and information they will find useful about their child's diagnosis or disability.

Debriefing Form – Completed by the team members after they leave the evaluation and sent to the SPOE with information to help the Intake Coordinator. **Do not** list therapies the child will benefit from. You may list "Child would benefit from someone with oral motor expertise or someone who can work on language acquisition." This form can be your fax coversheet. **This form is NOT filed in the child's EI file.**

Request for Change – Submitted to the SC and ED Team by the requesting ongoing provider along with written justification for a change. The lead ED Team member will complete the bottom of this form and return it to the SC with their support listed.

ED response to Request for Change – This is at the bottom of the Request for Change form. This is the ED Team's documentation of support about the requested change for an active IFSP.

Six Month Review–This form is completed by the lead ED Team member prior to the 6-month review with the family, it documents any communication the lead ED Team member has with other providers who work with the child and family. This must be filled out by the Lead ED Team member to claim billing time from the 120 minutes of IFSP onsite authorization.

AEPS Child Observation- This form is completed after the assessment activity and sent to the SPOE and the Bureau of Child Development Services. The form will go into the child's permanent file that is housed at the Cluster SPOE office.

These documents are sample forms. If you choose to add/personalize the forms to meet cluster specific requirements, all elements must be included.

You must keep copies of all completed forms in the child's working file and your billing documentation for 5 years.

-

ED TEAM REFERRAL FORM

County: _____Date: _____ SPOE Child ID#: _____

Child's Information:
Name: _____ Date of Birth: _____ □ Female □ Male

Mother's Name: _____Father's Name: _____

Address: _____ City: _____ ZIP Code: _____
(If different from child)
Address: _____ City: _____ ZIP Code: _____

Home Phone: _____ M/D Cell: _____ M/D Work: _____ Other: _____

Doctor Information:
Name: _____ Script: □ Yes □ No

Address: _____ City: _____ ZIP Code: _____

Phone: _____ Fax: _____ Dr. Health Summary faxed: □ Yes □ No

Referral Information:

Name: _____ phone: _____Relationship to the Child: _____

Secondary Referral Source: _____ Phone: _____

Reason for the referral (Please describe why the child is being referred to First Steps. Be specific about concerns.**)**

Directions:

(10 business days) (45 calendar days)
Dates: Intake _____ Evaluation _____ IFSP _____
Discipline needed for evaluation: PT OT SLP DT OTHER: _____
Service Coordinator: _____ Phone: _____ Fax: _____
Intake Coordinator: _____Phone: _____ Fax: _____

-

Indiana First Steps
Eligibility Determination Multidisciplinary
Assessment Summary Report

Child Name: _____ CHILD ID#:_____

DOB: _____DOE:_____CA:_____AA:_____

Address: _____Phone: _____

City: _____ Zip Code: _____

Parent(s) Name: _____

Intake/Service Coordinator: _____

Assessment location: _____

Primary Care Physician: _____Phone: _____

Confirmed diagnosis: _____

Eligibility Team Members:
**Please print discipline and name.

Discipline:	Name:	Signature:

TIME IN: _____TIME OUT: _____ Total F-to-F Minutes: _____

Parent Signature: _____

15 Min Team Prep: Y / N 15 Min Team Debrief: Y / N

Date/Time: _____ Date/Time: _____Total Minutes: _____

Important Background Information:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

-

Child Name: _____DOB: _____ Date: _____

Fine Motor:
Current Skills: _____
_____
_____
_____
_____
_____
_____

Raw Score: _____ Cut off Score: _____ Provider initials: _____
__At/Above Cut off Score __-1 standard Deviation__-1½ standard deviation __-2 standard deviations

Possible Supports Needed/Goals: Strategies to Enhance Goal:

_____

Gross Motor:
Current Skills: _____
_____
_____
_____
_____
_____
_____

Raw Score_____ Cut off Score: _____ Provider initials: _____
___At/Above Cut off score __-1 standard Deviation__-1½ standard deviation __-2 standard deviations

Possible Supports Needed/Goals: Strategies to Enhance Goal:

_____

-

Child Name: _____DOB: _____ Date: _____

Adaptive:
Current Skills: _____
_____
_____
_____
_____
_____
_____

Raw Score: _____ Cut off Score: _____ Provider initials: _____
__At/Above Cut off Score __-1 standard Deviation__-1½ standard deviation __-2 standard deviations

Possible Supports Needed/Goals: Strategies to Enhance Goal:

_____

Cognitive:
Current Skills: _____
_____
_____
_____
_____
_____
_____

Raw Score_____ Cut off Score: _____ Provider initials: _____
___At/Above Cut off score __-1 standard Deviation__-1½ standard deviation __-2 standard deviations

Possible Supports Needed/Goals: Strategies to Enhance Goal:

_____

-

Child Name: _____DOB: _____ Date: _____

Social Communication:
Current Skills: _____
_____
_____
_____
_____
_____
_____

Raw Score: _____ Cut off Score: _____ Provider initials: _____
__At/Above Cut off Score __-1 standard Deviation__-1½ standard deviation __-2 standard deviations

Possible Supports Needed/Goals: Strategies to Enhance Goal:

_____

Social:
Current Skills: _____
_____
_____
_____
_____
_____
_____

Raw Score_____ Cut off Score: _____ Provider initials: _____
___At/Above Cut off score__-1 standard Deviation__-1½ standard deviation __-2 standard deviations

Possible Supports Needed/Goals: Strategies to Enhance Goal:

_____

-

Child's Name: _____DOB: _____ Date: _____ _____

Comments/Observations Regarding Child's Current Levels:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Other Comments:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Most appropriate person to attend Eligibility and IFSP meeting: _____

The SPOE Service Coordinator responsible for intake will mail a copy to the parent/family with the ten day notice.

-

Indiana First Steps
Eligibility Determination Team
Family Summary

Child Name: _____DOB:_____ Date: _____
Intake/Service Coordinator: _____

Eligibility Determination Team Members:

Name: Contact Information:

What your child is doing now:

_____
_____
_____
_____
_____
_____
_____

What you can expect your child to do next:

_____
_____
_____
_____
_____
_____

Some things to work on to help your child's development:

_____
_____
_____
_____
_____

Your Eligibility Determination and IFSP Meeting is scheduled for_____ at _____.

If you have questions or are unable to keep this appointment, please call the SPOE at: _____.

-

ED TEAM Fax Cover Sheet
*INTERNAL USE ONLY**

Date:

To:

Phone: **Fax:**

From:

Phone: **Fax:**

Comments:

SPOE CHILD ID#: _____
Child Name: _____DOB:_____ Age: _____
Intake/Service Coordinator: _____
Lead ED Team Representative: _____

Why would child benefit from services?

_____
_____
_____
_____

After team discussion about the assessment information, who best fits the needs of the child? (Initial recommendations)

_____
_____
_____
_____

Other information you wish to share with the team prior to meeting:

_____
_____
_____
_____

-

First Steps
Request for Change or Addition in Service with ED Team Response

To be completed by requesting provider and forwarded to Service Coordinator:

Child's Name: _____ ID# _____ DOB: _____

SERVICE	CURRENT		CHANGE REQUEST		PROVIDER NAME	PHONE#	Justification
	Duration	Frequency	Duration	Frequency			Y/N

Request is for: ____Change in Current Service; ____Change in location: ____Addition of new service

_____ _____ _____
Requesting Provider Signature Date Provider Phone Number

_____ _____ _____
Service Coordinator Date Phone Number

Justification:

_____
_____
_____
_____
_____
_____

Ideas/Strategies already utilized:

_____
_____
_____

Documented Communication with team:

_____
_____
_____

** **ED Team Use Only** **

___ **Support Request** ___ **Need additional information to support request**

ED Team Comments:

_____
_____
_____
_____
_____
_____

_____ _____ _____
Signature of ED Team Member Date Billable Time

-

First Steps

Six Month Eligibility Determination Team Review

Child's Name: _____ ID#_____ DOB: _____Age:_____

Parent(s) Name: _____ Phone:_____

Service Coordinator: _____ Team Leader _____

IFSP Scheduled: Date: _____ Time: _____ Confirmed: _____

Place: _____

(Indicate address if other than home)

Current Services

Discipline	Provider Name	Frequency (i.e. 1 x wk)	Intensity (i.e. 60 min)	Reports attached Y/N

***ED team to complete*:**

Summary of progress related to IFSP outcomes:

_____
_____
_____
_____
_____

Documentation of communication:

_____
_____
_____

Suggestions for other resources not listed:

_____
_____
_____

Recommendations of IFSP Outcomes/Strategies:

_____
_____
_____
_____
_____

Time In: _____Time Out: _____Total _____

___ I will attend 6-month review. ___ I will not attend 6-month review.

_____ _____

ED Team Leader's Signature Date

Other Team members involved in this review: _____

-

Child Observation
Data Recording Form 1
Birth to Three Years

Child Name: _____

SPOE Child ID#: _____

Date of Birth: _____ Date: _____ Age: _____

Parent Name: _____

Address: _____

Person Completing Form: _____

Fine Motor Area **Score:**

A. Reach, Grasp, and Release

1. Simultaneously brings hands to midline _____
2. Brings two objects together at or near midline _____
3. Grasps hand-size object with either hand using ends of thumb, index and second fingers _____
4. Grasps pea-size object with either hand suing tip of the index finger and thumb with hand and/or arm not resting on surface for support _____
5. Aligns and stacks objects _____

B. Functional Use of Fine Motor Skills

1. Rotates either wrist on horizontal plane _____
2. Assembles toy and/or object that require(s) putting pieces together _____
3. Uses either index finger to activate objects _____
4. Orients picture book correctly and turns pages one by one _____
5. Copies simple written shapes after demonstration _____

Area Raw Score ____ **Standard Deviation** ____

Gross Motor Area **Score**

A. Movement and Locomotion in Supine and Prone Position

1. Turns head, moves arms, and kicks legs independently _____
2. Rolls by turning segmentally from stomach to back and from back to stomach _____
3. Creeps forward using alternating arm and leg movements _____

B. Balance in Sitting

1. Assumes balanced sitting position _____
2. Sits down and gets out of chair _____

C. Balance and Mobility

1. Walking avoiding obstacles _____
2. Stoops and regains balanced stating position without support _____
3. Runs avoiding obstacles _____
4. Walks up and down stairs _____

D. Play Skills

1. Jumps forward _____

-

2. Pedals and steers a tricycle _____
3. Catches, kicks, throws, and rolls ball or similar object _____
4. Climbs up and down play equipment _____

Area Raw Score: _____ **Standard Deviation: _____**

Adaptive Area **Score**

A. Feeding

1. Uses tongue and lips to take in and swallow solid food and liquids _____
2. Bites and chews hard and chewy food _____
3. Drinks from cup and/or glass _____
4. Eats with fork and/or spoon _____
5. Transfers food and liquid between containers _____

B. Personal Hygiene

1. Initiates toileting _____
2. Washes and dries hands _____
3. Brushes teeth _____

C. Undressing

1. Undresses self _____

Area Raw Score: _____ **Standard Deviation: _____**

Cognitive Area **Score**

A. Sensory Stimuli

1. Orients to auditory, visual, and tactile events _____

B. Object Permanence

1. Visually follows object and/or person to point of disappearance _____
2. Locates object in latter of two successive hiding places _____
3. Maintains search for object that is not in its usual location _____

C. Causality

1. Correctly activates mechanical toy _____
2. Reproduces part of interactive game and/or action in order to continue game and/or action _____

D. Imitation

1. Imitates motor action that is not commonly used _____
2. Imitates words that are not commonly used _____

E. Problem Solving

1. Retains objects when new object is obtained _____
2. Uses an object to obtain another object _____
3. Navigates large object around barriers _____
4. Solves common problems _____

F. Interaction with Objects

1. Uses imaginary objects in play _____

-

G. Early concepts	**Score**
1. Categorizes like objects	_____
of one-to-one correspondence	_____
3. Recognizes environmental symbols (signs, logos, labels)	_____
4. Demonstrates functional use of reading materials	_____
5. Demonstrates use of common opposite concepts	_____
6. Repeats simple nursery rhymes	_____

Area Raw Score: _____ **Standard Deviation: _____**

Social-Communication Area	**Score**
A. Prelinguistic Communicative Interactions	
1. Turns and looks towards person speaking	_____
2. Follows person's gaze to establish joint attention	_____
3. Engages in vocal exchanges by babbling	_____
B. Transition to Words	
1. Gains person's attention and refers to an object, person, and/or event	_____
2. Uses consistent word approximations	_____
C. Comprehension of Words and Sentences	
1. Locates objects, people, and/or events without contextual cues	_____
2. Carries out two-step direction without contextual cues	_____
D. Production of Social-Communicative Signals, Words, and Sentences	
1. Use 50 single words	_____
2. Use two-word utterances	_____
3. Use three-word utterances	_____

Area Raw Score: _____ **Standard Deviation: _____**

Social Area	**Score**
A. Interaction with Familiar Adults	
1. Responds appropriately to familiar adult's affect	_____
2. Initiates and maintains interaction with familiar adult	_____
3. Initiates and maintains communicative exchange with familiar adult	_____
B. Interact with Environment	
1. Meets observable physical needs in socially appropriate ways	_____
2. Participates in established social routines	_____
C. Interaction with Peers	
1. Interacts and maintains interaction with peer	_____
2. Initiates and maintains communicative exchange with peer	_____

Area Raw Score: _____ **Standard Deviation: _____**
